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Feb 20 2009 10:36am P001/001

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25889 7590 12/16/2008

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Kelly Espitia	(Depositor's name)
Walter Schulte	(Signature)
Feb. 20, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/582,733	03/16/2006	Henning Schulze	SCHULTE ET AL-3 PCT	5016

TITLE OF INVENTION: FUSE INSERT HAVING A FLAT INSULATING BODY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	YES	\$755	\$300	\$0	\$1055	03/16/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
VORTMAN, ANATOLY	2835	337-159000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the name of one registered patent attorney or agent. If no name is listed, no name will be printed.	COLLARD & ROE, P.C.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	01 FC:2501 755.00 DA 02 FC:1504 300.00 DA 03 FC:8001 18.00 DA	00000014 032468 10582733

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

LITELFUSE AUTOMOTIVE GMBH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Dunsen, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-2400 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Edward FreedmanDate FEBRUARY 20, 2009Typed or printed name EDWARD FREEDMANRegistration No. 26,048

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